

Montgomery Cares Advisory Board

December 13, 2017 Meeting Notes

MCAB Members Present: Betsy Ballard, Julia Doherty, Stephen Gammarino, Lynda Honberg, Peter Lowet, Marie Mann, Mayur Mody, Agnes Saenz, Langston Smith

MCAB Members Absent: Sean Bailey, Dr. Travis Gayles, Sybil Greenhut, Sharron Holquin, Wilbur Malloy, T.J. Senker

DHHS Staff: Magda Brown, Tara Clemons, Doreen Kelly, Robert Morrow

County Council Staff: Linda McMillan

Primary Care Coalition: Rose Botchway, Marisol Ortiz, Hillery Tumba

Guest: Sheila O'Connor, Carol Garvey, Diana Saladani *on behalf of T.J. Senker*, Wayne Swann

The Chair, Stephen Gammarino called the meeting to order at 6:16pm

| Item | | Action Follow-up | Person Assigned | Due Date |
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| 1. | Approval of Minutes – October 25, 2017 Steve Gammarino <i>Moved by Lynda Honberg, Seconded by Agnes Saenz</i> <i>The motion was approved unanimously.</i> | | | |
| 2. | Chair Report Steve Gammarino Steve stated the meeting's focus was on FY19 advocacy efforts. The other advocates, HCLC and PCC, will hold their meetings later that week. Ultimately, the joint advocates will convene by Friday, December 15 th to reach a consensus. Steve announced to the Board that Dr. Carol Garvey was the guest speaker and proceeded to ask Doreen Kelly to introduce her. | | | |
| 3. | Speaker: Dr. Carol Garvey Doreen Kelly --Co-Chair, Fetal and Infant Mortality Review Board Doreen introduced Dr. Carol Garvey who was attending as Co-Chair of the Fetal and Infant Mortality Review Board. Previously, Dr. Garvey was the Montgomery County Chief Health Officer and was also part of the | | | |

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| | <p>original group that designed Montgomery Cares.</p> <p>Dr. Garvey provided an overview of the Fetal and Infant Mortality Review (FIMR) program. Their goal is to improve birth outcomes and enhance the health and well-being of women, infants and families in the County by strengthening community resources and service delivery systems. The FIMR Community Action Team, the advisory and advocacy arm of FIMR, receives the findings and recommendations, and develops and implements an action plan on a yearly basis. The focus this year is on an Improved Pregnancy Outcomes program.</p> <p>The vision of the program is infants of all races are born healthy in Montgomery County. Dr. Garvey mentioned that the leading cause of infant mortality are disorders related to short gestation, low birthweight, congenital malformations, SIDS and maternal complications. These issues disproportionately affect Black children significantly more than children of other races.</p> <p>Discussion:</p> <ul style="list-style-type: none"> Lynda stated that she heard that stress can affect pregnant outcomes among Black women. Dr. Garvey responded that is why the S.M.I.L.E. (Start More Infants Living Equally) program exist. The Montgomery County African American Health Program manages this program with the goal of decreasing the high rate of Black infant mortality. The program has no financial cut-off and case management and counseling is provided by nurse case managers. Marie questioned if the County considered the Centering Pregnancy program? Dr. Garvey replied that FIMR has discussed it but the hospitals provide prenatal care (Maternity Partnership) and follow their own model. Lynda questioned what the was the Centering Program is? Marie responded it is an evidence-based group care model for 6-10 pregnant women with similar gestational ages who come together under the guidance of the certified nurse-midwife and assisting medical professional responsible for facilitating the group. Peter questioned if the Maternity Partnership program (MPP) dispenses Folic Acid to pregnant women? Doreen noted that MPP provides prenatal vitamins through the area health centers. MPP clients are case-managed by a nurse or csa while prenatal care is provided through the hospitals. Peter questioned if outcome data can be extracted for Black women US born versus that of Black women foreign born? Dr. Garvey stated they don't have that level of data currently. Most of the women in S.M.I.L.E. tend to be foreign born although anyone can be enrolled. Dr. Garvey mentioned that brochures are available/distributed at libraries, health fairs and recreational centers. Sheila O'Connor, FIMR Coordinator, can also be contacted for brochures. | | | |
| 4. | <p>Senior Administrator's Report</p> <p>See Report and handout</p> <p><u>Monthly Status Report</u> (see handout)</p> <p>Doreen reported that the County is facing a \$120 million shortfall in revenue for FY18. The County Executive is developing a FY18 Savings Plan for the operating budget January through June. Public Health Services was</p> | Doreen Kelly | | |

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| | <p>asked to look for nearly \$700,000 in potential general fund savings. A County hiring freeze for most new or vacant positions is now in effect.</p> <p>Doreen informed the Board Members of the five FY19 Budget Forums that Mr. Leggett will hold. The forums will occur in January and the goal is to hear feedback from residents to help inform his FY19 priorities.</p> <p>Doreen reviewed the data for the Health Care for the Uninsured programs:</p> <ul style="list-style-type: none"> ▪ Montgomery Cares has served 15,724 patients through November, with a total of 29,739 patient visits at the eleven participating clinics. If this upward enrollment trend continues, the program could potentially exceed its budgeted number of visits for the fiscal year by nearly 4,000 patient visits (\$292,000). <ul style="list-style-type: none"> ○ Montgomery Cares Behavioral Health Program (MCBHP): From July 1, 2017 – November 30, 2017 MCBHP staff provided 3,694 clinical behavioral health services to a total of 994 unique patients at the nine clinic sites where staff are located. ▪ Care for Kids has enrolled 516 new children through November. While the number of new enrollees is 33% lower than this time last year, there are currently more than 340 additional children that are in the middle of the enrollment/recertification steps with PCC and it is only mid-December. The total enrolled to date is 4,670 children, a 4% increase compared with the total enrolled this time last year. ▪ Maternity Partnerships enrollment through October was 540 women, a 6% decline in enrollment compared with the same time last fiscal year. This may be continuing last year's trend of lower enrollment for this program. It is possible that both Care for Kids and Maternity Partnership enrollments are experiencing client reductions due to the federal climate of uncertainty for immigrants. ▪ Dental Services has served 3,228 patients through November and provided 4,848 patient visits at our 5 clinics. This is a slight decrease compared with last year. There is still a significantly long wait list for appointments. ▪ Homeless Health program served 47 new patients and had a total of 77 patient visits through November. Homeless health staff and contractors are busy as homeless shelter population numbers increase in response to the cold weather and threat of hypothermia, providing primary care, case management services and hospital discharge planning for the shelter population. Homeless Resource Day was November 16th and was very successful. It included vendors such as Mobile Med, Columbia Light House for the Blind, Suburban and Holy Cross hospitals, and many other non-profits and volunteers providing a large array of services for Homeless individuals | | | |
| 5. | <p>Program Committees: Report Out</p> <p>Care for Kids Marie Mann, Program Chair proposed the following-</p> <ul style="list-style-type: none"> ▪ Increase operating – direct medical provider cost providing primary, specialty care, and specialty dental, \$150,000 <ul style="list-style-type: none"> ○ The program continues to have an increasing enrollment trend. ▪ Increase personnel – 1.0 FTE RN/LPN Specialty Case Manager, \$100,000 ▪ Increase rate paid to providers – reimburse providers at 85% of Medicaid rates, \$100,000 | Program Chairs | | |

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| <ul style="list-style-type: none"> ▪ Policy Change – change eligibility from 1 – 2 years. <ul style="list-style-type: none"> ○ 90% (check percentage) of CFK children re-enroll each year. This change will ensure continuity of care and minimize the additional steps families must take to re-enroll. This change does not require funding and will minimize the administrative burden <p>Marie noted the committee is suggesting an increase to the reimbursement rates for CFK providers. The rates haven't changed since 2008. Given the competing priorities, the committee suggest phasing in the rate increases. Requesting \$100,000 additional to increase the rate will take the program to 85% of Medicaid rates.</p> <p>Maternity Partnership Marie Mann, Program Chair proposed the following-</p> <ul style="list-style-type: none"> ▪ Maintain the current budget. ▪ Policy Change – increase the program eligibility from 185% - 250% FPL <ul style="list-style-type: none"> ○ This change will support equitable access to health care services across the programs for the uninsured. ○ OESS data shows that 96 women a year are denied for MPP between 185 -250% FPL. With the current utilization, the budget can absorb the additional 100 women a year without an increase in funding. <p>County Dental Services Langston Smith, Program Chair</p> <ul style="list-style-type: none"> ▪ Increase Personnel - Create two Program Manager II positions to support the administrative management structure for the five clinic locations, \$160,000 TBD <ul style="list-style-type: none"> ○ The current wait time is 12 weeks for a dentist and 9 weeks for a hygienist. Clinical staff is spending their time tending to administrative management work thus reducing the time providing direct services <p>Langston stated that the Dental committee is focused on alignment. The advocacy position is geared toward enhancing clinical time by reducing the amount of administrative management work of contract Dentist. It was requested for the Department to explain why 1 PMI and 1 PMII positions are needed instead of 2 PMII positions. Also, DHHS should provide the exact dollar amount for the positions.</p> <p>HealthCare for the Homeless Lynda Honberg, Program Chair proposed the following-</p> <ul style="list-style-type: none"> ▪ Home Health Aids Pilot Program, \$50,000 <ul style="list-style-type: none"> ○ Provide home health aides for clients residing in permanent support housing (\$30k) and clients in shelters (\$20k). The clients are part of the Health Care for the Homeless program but lack support to maintain or establish a place to reside because mental health issues, lack of ability to manage daily activities and the multiplicity of needs. This pilot will help determine if this targeted approach helps this population. | <p>Provide \$ amount for the PM positions</p> | <p>DHHS</p> | <p>January MCAB meeting</p> |
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| | <p>Montgomery Cares</p> <p>Julia Doherty, Program Chair proposed the following-</p> <ul style="list-style-type: none"> ▪ <i>Primary Care</i>: Increase number of encounters by 3,500 to match utilization, \$255,000 ▪ <i>Immunizations</i>: Maintain the grant level funded three immunizations (\$250,000) or the six recommended immunizations, \$500,000 TBD ▪ <i>Rate Increase</i>: Increase encounter rate \$1 – 2. Two-dollar increase, \$143,000 TBD (calculated at \$2 rate) ▪ <i>Specialty Care</i>: Increase CCHCN (\$20,000); increase MCares Specialty Care (\$50,000), \$70,000 <p>Julia noted that based on the current years utilization, the committee is proposing to increase encounters by 3,500. For Immunizations, Rose B. is trying to get more detail on current utilization. At minimum, the committee wants to maintain what the grant provided.</p> <ul style="list-style-type: none"> ▪ Lynda questioned if immunizations are provided at the Dennis Ave Health Center? DHHS staff responded that the County doesn't provide vaccines for adults. ▪ Lynda questioned if DHHS or PCC had asked CVS (or similar pharmacies) what the price would be or asked if they would do something for the community regarding immunizations? Staff and PCC responded that they had not had these discussions but will explore this. | | | |
| 6. | <p>Advocacy Priorities: Consensus</p> <p style="text-align: right;">Steve Gammarino</p> <p>The Board reached a consensus on the aforementioned advocacy items.</p> | | | |
| 7. | <p>Meeting Adjourned at 8:30pm</p> <p><i>Motion to adjourn: Langston Smith</i> <i>Seconded: Peter Lowet</i> <i>Unanimously approved</i></p> | | | |

Respectfully submitted,



Tara Clemons
Montgomery Cares Advisory Board